

## ORIGINAL ARTICLE

**Client satisfaction and quality of health care in a rural medical institute of central Uttar Pradesh**Sandip Kumar<sup>1</sup>, Kriti Jaiswal<sup>2</sup>, Pankaj Kumar Jain<sup>3</sup>, Dhiraj Kumar Srivastava<sup>4</sup>, Amit Kaushik<sup>5</sup>, Anand Mohan Dixit<sup>6</sup><sup>1</sup>Associate Professor, Department of Community Medicine, <sup>2</sup>Associate Professor, Department of Physiology, <sup>3</sup>Additional Professor, <sup>4,5,6</sup>Assistant Professor, Department of Community Medicine, UP RIMS & R, Saifai, Etawah (UP)

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**Corresponding Author**

Address for Correspondence: Sandip Kumar, Associate Professor, Department of Community Medicine, UP RIMS&R, Saifai, Etawah  
E Mail ID: drsandiprims@yahoo.co.in

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**Abstract**

**Background:** Consumer satisfaction is recognized as an important parameter for assessing the quality of patient care services. Satisfaction regarding the attitude of providers toward these services is expected to affect treatment outcome and prognosis. Out Patient Departments (OPDs) need to monitor the quality of care and patient satisfaction for continuous quality improvement. A major component of quality of health care is patient satisfaction. Present study has been conducted to assess consumer satisfaction with regard to clinical care in the Out Patient Department of Rural Medical Institute of Central Uttar Pradesh. **Materials and Methods:** The present study was an Outpatient- based cross sectional study conducted in Out Patient Department of UP Rural Institute of Medical Sciences & Research, Saifai, Etawah (UP) between January- June, 2013. A total of 600 patients were selected at random for exit interviews during Out Patients Department hours. **Results:** The socio-demographic profile of study subjects showed that 57.17% respondents were male and mostly were Hindu (79.67%). A total of 65% were in the age group between 15-59 years. Respondents were patients themselves (86.17%) and accompanying relatives for pediatric patients younger than 15 years old (13.83%). Forty percent of respondents were house wife by occupation. For most of the patients (58.83%) waiting time for consultation was between 15-30 minutes, in 55.17% patients, doctor spent only 5-10 minutes for consultation. A total of 98.67% of the respondents were satisfied with the outpatient department timings.

**Key Words**

Consumer satisfaction; Out Patient Departments; Exit interviews; Socio-demographic profile; waiting time

**Introduction**

Health care has two connotations (a) health care programs and (b) medical care organizations. Medical care organizations are mainly providing curative care. They are attractive and high-tech oriented and they should be cost effective.(1) In recent years, quality assurance has emerged as an internationally important aspect in the provision of health care services.(2) Consumer satisfaction is recognized as an important parameter for assessing the quality of patient care services. Satisfaction regarding the attitude of providers toward these services is expected to affect treatment outcome and prognosis.(3)Out Patient Departments (OPDs) need to monitor the quality of care and patient satisfaction for continuous quality improvement. Additionally, there is a need for an increase in focused literature on patient satisfaction and quality of health care at a tertiary care level. A

major component of quality of health care is patient satisfaction. Furthermore, patient satisfaction is critical to how well patients do; research has identified a clear link between patient outcomes and patient satisfaction.(4)Patient satisfaction is multifaceted and a very challenging to define. Patient expectations of care and attitudes greatly contribute to satisfaction; other psychosocial factors, including pain and depression, are also known to contribute to patient satisfaction.(5)Consumer satisfaction regarding medical care organizations like our tertiary care hospital is important in the provision of services to patients.

**Aims & Objectives**

So, present study has been conducted to assess consumer satisfaction with regard to clinical care such as the communication by doctor, explanation about

the disease to the patient, services by other staff, investigation facilities, instruction for taking medication, OPD timings, availability of drinking water and cleanliness of OPD and waiting time in the Out Patient Department of Rural Medical Institute of Central Uttar Pradesh.

## Material and Methods

The present study was an Outpatient- based cross sectional study conducted in Out Patient Department of UP Rural Institute of Medical Sciences & Research, Saifai, Etawah (UP) between January- June,2013. A total of 600 patients were selected at random for exit interviews during Out Patients Department hours. For exit interviews, random selection of clients was carried at each service delivery points in OPD hours during study period. It was ensured to include all days of the week and also to include special activities like Immunization, Directly Observed Treatment Short course Chemotherapy Clinic for Tuberculosis Patients and Integrated Counseling and Testing Center for HIV. The interview schedule was pretested and covered the information related to patient's profile, level of satisfaction, communication by the doctors and other staff, reasons for dissatisfaction and suggestions. Informed consent was obtained from the study subjects. The subjects were told that the purpose of the study was to assess the consumer satisfaction of services provided by the hospital so as to bring about further improvement of services. The patients were also told that the investigator was not part of the treatment team. It was also emphasized that they were free to give their honest responses.

## Results

A total of 600 interviews were conducted among service beneficiaries. If the beneficiary was child than care taker was interviewed. The socio-demographic profile of study subjects showed that 57.17% respondents were male and mostly were Hindu (79.67%). A total of 65% were in the age group between 15-59 years. Respondents were patients themselves (86.17%) and accompanying relatives for pediatric patients younger than 15 years old (13.83%). Forty percent of respondents were house wife by occupation. [\(Table-1\)](#)

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patients younger than 15 years old (13.83%). Forty percent of respondents were house wife by occupation. [\(Table-2\)](#)

Overall availability of services was excellent regarding the waiting area in the outpatient department (72.83%) and the cleanliness of the outpatient department (75.50%). A total of 98.67% of the respondents were satisfied with the outpatient department timings. [\(Table-3\)](#)

## Discussion

The waiting time for consultation reported in the present study was close to that found in other studies (6,7). Most patients reported that they had to wait for around 10-15 minutes to get medicines, similar waiting time was reported from other part of the country (6). In the present study time given by the doctor for consultation reported commonly was 5-10 minutes which is consistent with previous work (6,7). Subjects from the present study rated communication by the doctor as Average (46.17%) to good (41.33%) which was different observed in Bangladesh. The OPD timings were rated good by majority of clients (64.67%). Most patients in the present study rated excellent level (72.83%) of satisfaction with the waiting area of the OPD, while 44% clients perceived sitting arrangement to be adequate in Madhya Pradesh (8). However 73% clients experienced either long queue or uncomfortable waiting hall arrangement in Kolkata (9). A large majority of respondents (63.5%) felt that the drinking water facility available in OPD for patients was poor similar to study conducted in Madhya Pradesh (8). Parameters like cleanliness of the OPD were rated excellent (75.50%) by the clients however it was rated poor in a study conducted in Delhi (10). In present study clients rated average (51.5%) regarding explanation about the disease to the patient, 39.5% regarding service by other staff. Investigation facilities were rated good by majority of subjects (63%). But majority of subjects (66.83%) told that instructions for taking medication by dispensing pharmacists were poor and this requires improvements.

## Conclusion

This study concludes that majority of services provided to the clients are excellent or good. There is need to reduce time for waiting for consultation and for getting drugs. More Doctors should be available in the OPD so that more time can be spent by the doctors with the patients. Availability of the drinking water and instructions for taking medication by dispensing pharmacists requires improvements. Improving patient-physician communication will improve patient

satisfaction. More research is needed to continue to better define and improve patient satisfaction.

**Recommendation**

There is need to reduce time for waiting for consultation and for getting drugs. More doctors should be deployed in the OPD.

**Authors Contribution**

KJ & PKJ: Design the study, SK & DKS: Data collection, AK & AMD: Analyze the data.

**References**

1. Mohapatra M. Total quality management in health care: Myth or reality. *Indian J Prev Soc Med.* 1999;30:93–100.
2. Black N. Quality assurance of medical care. *J Public Health Med* 1990;12:97-104.
3. Park K. Textbook of preventive medicine. 18th ed. Jabalpur: Banarasidas Bhanot Publishers; 2005. p. 27.
4. Acharya JP, Acharya I. A study on compliance and behavioral responses of patients in an outpatient clinic. *Indian J Community Med.* 2003;28:19–25.

5. Puri N, Gupta A, Aggarwal AK, Kaushal V. Outpatient satisfaction and quality of health care in North Indian medical institute. *Int J Health Care Qual Assur.* 2012;25(8):682-97.
6. Brent J. Morris, MD; Alex A. Jahangir, MD; and Manish K. Sethi, MD Patient Satisfaction: An Emerging Health Policy Issue. <http://www.aaos.org/news/aaosnow/jun13/advocacy5.asp>
7. Patro BK, Kumar R, Goswami A, Nongkynrih B, Pandav CS, UG Study Group. Community Perception and Client Satisfaction about the Primary Health Care services in an Urban Resettlement Colony of New Delhi. *Indian J Community Med.* 2008;33,(4):250-254.
8. Aldana JM, Piechulek H, Sabir AA, Client Satisfaction and Quality of Health Care in Rural Bangladesh. *Bull World Health Organ.*2001;79(6):512-517.
9. Sodani PR, Kumar RK, Srivastava J, Sharma L. measuring patient satisfaction: A case study to improve quality of care at public health facilities. *Indian J Community Med.*2010;35(1):52-56.
10. Hossain SKS. Quality assurance in CGHS Kolkata. MD thesis, Kolkata 2002.
11. Rasheed H, Arya N, Achrya A, Khandekar J. Client satisfaction and perceptions about quality of health care at a Primary Health Center of Delhi, India. *Indian J Comm. Health.*2012;24(3):237-242.
12. KS Prasanna, MA Bashith, S Sucharitha. Consumer satisfaction about hospital services: A study from the outpatient department of a private medical college hospital at Mangalore. *Indian J Community Med.*2009;34(2):156-159.

**Tables**

**TABLE NO. 1 DISTRIBUTION OF THE RESPONDENTS ACCORDING TO THE AGE, SEX, RELIGION AND OCCUPATION (N=600)**

Variables	Number	Percentage
<b>Age Group (Years)</b>		
<15	83	13.83
15-29	137	22.83
30-44	108	18.00
45-59	145	24.17
60 and above	127	21.17
<b>Sex</b>		
Male	343	57.17
Female	257	42.83
<b>Religion</b>		
Hindu	478	79.67
Muslim	115	19.17
Others	07	01.16
<b>Occupation</b>		
Skilled	57	09.50
Unskilled	117	19.50
Unemployed	98	16.33
Housewife	240	40.00
Student	88	14.67

**TABLE NO. 2 DISTRIBUTION OF RESPONSES OF THE RESPONDENTS REGARDING WAITING AND CONSULTATION TIME (N=600)**

Duration (Minutes)	Number	Percentage
<b>Waiting time for consultation</b>		
<15	89	14.83
15-30	353	58.83
31-60	129	21.50
>60	29	04.84

Duration (Minutes)	Number	Percentage
<b>Waiting time for getting drugs</b>		
<10	29	04.83
10-15	388	64.67
16-30	117	19.50
>30	66	11.00
<b>Time given for consultation</b>		
<5	122	20.33
5-10	331	55.17
11-15	125	20.83
>15	22	03.67

TABLE NO. 3 DEGREE OF SATISFACTION OF RESPONDENTS FOR VARIOUS PARAMETER (N=600)

Parameter	Excellent (%)	Good (%)	Average (%)	Poor (%)	Total (%)
OPD Timings	127(21.17)	388(64.67)	77(12.83)	08(01.33)	600(100)
Waiting area	437(72.83)	157(26.17)	06(01)	00(00.00)	600(100)
Cleanliness of the OPD	453(75.50)	118(19.67)	29(04.83)	00(00.00)	600(100)
Drinking Water facility	57(09.50)	129(21.50)	33(05.50)	381(63.50)	600(100)
Communication by the doctor	63(10.50)	248(41.33)	277(46.17)	12(02.00)	600(100)
Explanation about the disease to the patient	48(08.00)	217(36.17)	309(51.50)	26(04.33)	600(100)
Services by the other staff	57(09.50)	124(20.67)	237(39.50)	182(30.33)	600(100)
Investigation facility	97(16.17)	378(63.00)	122(20.33)	03(00.50)	600(100)
Instructions for taking medication by dispensing pharmacists	13(02.17)	67(11.17)	119(19.83)	401(66.83)	600(100)